FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL									
OMB Number:	3235-0076								
Expires:	May 31, 2005								
Estimated average burden									
hours per respon	nse16.00								

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED

Name of Offering (Check if this is an amendment and name has changed, and indicate change.) DSI Growth and Income Fund VI, a California limited partnership
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment  1230142: JUN 0 9 2003
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  DSI Growth and Income Fund VI, a California limited partnership
Address of Executive Offices (Number and Street, City, State, Zip Code) 6700 E. Pacific Coast Hwy., #150, Long Beach, CA 90803 (562) 493-8881
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business
own and operate a mini-storage facility
Type of Business Organization
corporation imited partnership, already formed other (please specify):  business trust limited partnership, to be formed 03021360
Month Year  Actual or Estimated Date of Incorporation or Organization: OS DS Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the processes which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changEINANCIAL thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION ————————————————————————————————————
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

A-BASIG TO ENTERICATION DATA		
2. Enter the information requested for the following:		
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>		*
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or m</li> </ul>	ore of a clas	ss of equity securities of the issuer.
Bach executive officer and director of corporate issuers and of corporate general and managing partner	rs of partne	ership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>		
Check Box(es) that Apply: Promoter Beneficial Owner Bxecutive Officer Direct	tor D	General and/or
Robert J. Conway		Managing Partner
Full Name (Last name first, if individual)		
6700 E. Pacific Coast Hwy., #150, Long Beach, CA	90803	•
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direc	tor 🖎	General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Bxecutive Officer Direct Joseph W. Conway	.or (1)	Managing Partner
Full Name (Last name first, if individual)		
6700 E. Pacific Coast Hwy., #150, Long Beach, CA	90803	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Bexecutive Officer Direct DSI Properties, Inc., a California corporation	tor 🔼	General and/or Managing Partner
Full Name (Last name first, if individual): 6700 E. Pacific Coast Hwy., #150, Long Beach, CA	90803	
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direc	tor 🗌	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	tor 🗌	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	or 🔲	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	or 🗌	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

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1. Has th	ne issuer sol	d, or does t	he issuer i	intend to se	ell, to non-s	accredited.	investors ir	this offer	ing?	······································		· 🗖
			Ans	swer also i	n Appendix	, Column	2, if filing	under UL(	DE.	•		
2. What	What is the minimum investment that will be accepted from any individual?									. \$ <u> </u>	iscreti	
	Does the offering permit joint ownership of a single unit?										Yes	No
3. Does t	the offering	permit joir	it ownersh	ip of a sing	gle unit?				**********	·····	· K	
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.											i
	ission or sim rson to be lis											
	es, list the ne											
	ér or dealer,									•		
Full Name	(Last name	first, if ind	ividual)	<del></del>		<u></u>						<del></del>
Dive	rsifie	ed Sec	uriti	es, In	nc., a	Cali	fornia	corp	orati	on		
	Residence											
6700	) E. Pa	acific	Coas	t Hwy	., #15	0, Lo	ng Bea	ch, C	A 908	03		
Name of As	ssociated Br	oker or De	aler									
		···········									~	
States in W	hich Person	Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers	S					
(Check	"All States	s" or check	individua	l States)	***************************************		***********		••••••••		A	11 States
	[A.W]		[ <del>] [</del> ]		ارمما		العرصا	150		(CA)	[777]	(FC)
AL TL	AK	IA	AR KS		CO LA	CT ME	DE)	DC MA	(FL)	GA MN	MS	MO
MT	IN NE		NH	[KY]	NM	NY]	MD NC	ND ND	OH	OK)	IOR]	PA
RI		ISD]	TN		UT	VT	VA	WA	[WV]	WI	WΥ	PR
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Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address	Number or	d Street (	ity State	7in Code						· · · · · · · · · · · · · · · · · · ·
Dusmoss o	. Residence	11441033 (	.vamoor aa	ia biroon c	ony, blace,	21p C000)	•					
Name of As	sociated Br	oker or De	aler	· · · · · · · · · · · · · · · · · · ·	7							
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	3					
(Check	"All States	" or check	individua	l States)	·····	•••••••			·····	***********	. 🔲 A	Il States
					[22]				·			
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL]	[M]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NI	MM	NY	NC	ND	OH)	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WY	WI	WY	PR
Full Name (	(Last name	first, if ind	ividual)									
		<del></del>										
Business or	r Residence	Address (1	Vumber ar	d Street, C	City, State,	Zip Code)		-				
<del></del>		·	<del></del>									
vame of As	sociated Br	oker or De	aier							•		
Itaties in TIT	hich Person	Ticted Un	Soliaited	Or Intend	to Caliate	Dueskaa						<del></del>
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(Check	"All States	or check	maividua.	States)	****************	•••••••				•••••••••	[ A	ll States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ.	NM	NY	NC	ND	OH	OK.	OR	PA
RI	SC	GZ	ואדו	TX	III	IVT	VA	WA	WV	WI	<u>w</u>	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 2000

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.  Type of Security	Aggregate Offering Price	:e	Amo	ount Already Sold
	Debt	· -0-		¢	-0-
	Equity			\$	-0-
	Common Preferred	<u> 0 - </u>		Φ	
	Convertible Securities (including warrants)	<b>-</b> 0-		¢	-0-
	Partnership Interests	3,200,	000	ው }ቴ	- 0 -
	Other (Specify)				
	Total				-0-
	Answer also in Appendix, Column 3, if filing under ULOE.	ψ <u>- , <u>-</u> ,</u>	_	Ψ	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			,	Aggregate
		Number Investors O		Dol	llar Amount Purchases
	Accredited Investors		_	\$	
	Non-accredited Investors	0		\$	
	Total (for filings under Rule 504 only)	0	_	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.	•			
3. ·	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
		Type of		Do	Ilar Amount
	Type of Offering Rule 505 Limited partnership uhi	Security 1.5			Sold O
				\$	
	Regulation A		_	\$	
	Rule 504			\$	
	Total	<u> </u>		\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				-0-
	Transfer Agent's Fees			\$	·
	Printing and Engraving Costs			\$ <u>2</u> ,	000.00
	Legal Fees	•••••		\$ <u>12`</u>	<u>,5.00.00</u>
	Accounting Fees	•••••		\$	-0
	Engineering Fees			\$	-0-
	Sales Commissions (specify finders' fees separately)	***************************************		-	8,000.00
	Other Expenses (identify)			\$	-0- 2,500.00
	Total			<u>\$ 30</u>	2,5'00.00

	b. Enter the difference between the aggregate offering price given in response to Part C and total expenses furnished in response to Part C — Question 4.a. This difference is the "proceeds to the issuer."	adjusted gross	\$2,897,500.00
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed each of the purposes shown. If the amount for any purpose is not known, furnish an check the box to the left of the estimate. The total of the payments listed must equal the a proceeds to the issuer set forth in response to Part C — Question 4.b above.	estimate and	•
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_ 🗆 \$
	Purchase of real estate	<u>\$</u> 0	0.52,868,525.
	Purchase, rental or leasing and installation of machinery and equipment		so
	Construction or leasing of plant buildings and facilities	s <u> </u>	_ [] \$0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		_ [
	Working capital		\$ 28,975.00
	Other (specify):	s0	_ 🗆 \$0
		\$0	\$0_
	Column Totals		0.52,897,500.
	Total Payments Listed (column totals added)		,897,500.00
版	D.FEDERAUSIGNATURE		

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the in Issuer (Print or Type) DSI Growth and Signature of Fund VI Gallifornia Signature of Partnership Date

Title of Signer (Print or Type)

Name of Signer (Print or Type)

ROBERT J. CONWAY

General Partner

ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	<b>L</b> STAGE SIGNATURE				
I.	I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?				
	See Appendix Column 5, for state response.				

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) DSI Growth and Income fulfil theisnip	Signature	Date	5/30/03	
Name (Print or Type)	Title (Print or Type)			
ROBERT J. CONWAY	General Partner			

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AI	PATAIDIX+				
1	Intend to non-a investor	f to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				diffication ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		х							
AK		x							
AZ		x	limited pa ship units	1	30,00	0 -0-	-0-		х
AR		х	30,00	0					
CA	х	·	limited pa	rtner- 48	1,985,0	00 29	895,000		~
СО		x	1,985,	000		-			
CT		Х			_				
DE		_X			;				
DC		X.	-		-	-			
FL	x		limited pa ship units		25.000	1	25.000		x
GA		X	ship units 50,00	0					
HI.		X .							
ID		х							
TL		х							
IN		x							
IA		х							
KS		х							
KY		х							
LA		х							
ME		х							
MD		x							
MA		х							
MI		х				4			
MN		х							
MS		x							

				APP	ENDEX				
1	Intend to non-a investor	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State (Part C-Item 2)				under St (if yes, explan	lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		х							
MT		х							
NE		х			·				
NV		x	limited pa ship units	rtner- 1	25,000	-0-	-0-		Y
NH		x	ship units 25,000						
NJ		x		•					
NM		x							
NY		x				;	;	_	
NC		х				-	-		·
ND		x							
ОН		_x							
ok		x							
OR				. 4	-				
PA	х		limited pa	rtner-	0	1	40,000		х
RI		х	ship units				, , , , , , , , ,		
sc		х							
SD		Х					<u> </u>		
TN		Х				,			
TX		х	limited par ship units 125.		2	125,000	0	. 0	x
UT		x	125,	000					
VT		х							
VA		х							
WA		x	·						
wv		х			,				
WI		x						_	

				APP	ENDE				
1	to non-a	Type of security Intend to sell and aggregate to non-accredited offering price investors in State (Part B-Item 1) (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		х							
PR		х							